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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐

Declaration  
Submitted  
With Initial  
Filing

OR

☒

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

GS 0633 A WO US

First Named Inventor

Wolfgang OBERLE

COMPLETE IF KNOWN

Application Number

10/510,141

Filing Date

10/03/2004

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR OPTIMISING PLATES OF A PLATE-LINK CHAIN, AND PLATE FOR A  
PLATE LINK CHAIN**

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

04/10/2003

as United States Application Number or PCT International

Application Number

PCT/DE03/01189

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
102 15 715.4	Germany	04/10/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102 54 351.8	Germany	11/21/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/DE03/01189	WIPO	04/10/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number: 20676 OR ☐ Correspondence address below

Name

Alfred J. Mangels

Address

4729 Cornell Road

City

Cincinnati

State

Ohio

ZIP

45241-2433

Country

U.S.A.

Telephone

(513) 469-0470

Fax

(513) 489-6030

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Wolfgang

Family Name

or Surname

OBERLEInventor's  
Signature*Wolfgang Oberle*

Date

05.11.2004

Residence: City

Seelbach DEX

State

Country

Germany

Citizenship

German

Mailing Address

Schutttertalsstrasse 10

City

Seelbach

State

ZIP

D-77960

Country

Germany

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

André

Family Name

or Surname

TEUBERTInventor's  
Signature*A. Teubert*

Date

04 Nov. 2004

Residence: City

Bühl DEX

State

Country

Germany

Citizenship

German

Mailing Address

Karl-Franz-Strasse 24 A

City

Bühl

State

ZIP

D-77815

Country

Germany

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/510,141
Filing Date	10/03/2004
First Named Inventor	Wolfgang OBERLE
Title	Method for Optimising Plates of a...
Art Unit	
Examiner Name	
Attorney Docket Number	GS 0633 A WO US

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20676

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

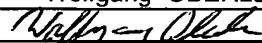
<input type="checkbox"/> Firm or Individual Name	Alfred J. Mangels				
Address	4729 Cornell Road				
Address					
City	Cincinnati	State	Ohio	Zip	45241-2433
Country	U.S.A.				
Telephone	513-469-0470	Fax	513-489-6030		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Wolfgang OBERLE		
Signature			
Date	05.11.2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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20676

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

Firm or  
Individual Name

Alfred J. Mangels

Address

4729 Cornell Road

Address

City

Cincinnati

State

Ohio

Zip

45241-2433

Country

U.S.A.

Telephone

513-469-0470

Fax

513-489-6030

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name

André TEUBERT

Signature



Date

04. Nov. 2004

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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